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## PRESIDENT-ELECT'S PAGE

Nearly three years ago, in as much as our participation in this global war seemed imminent in the not distant future, the War Preparedness Committee was created. The duties of this committee were to form the skeletal scheme which grew up seemingly overnight into a well-regulated, well-oiled machine. Their wisdom and farsightedness has been an ever present factor in our ability to carry on with the giant task of examining thousands of recruits for the armed forces. Like some other organizations there are those whose motto seems to be "Let George Do It," but on the whole the medics have demonstrated their unselfish patriotism every Tuesday morning.

Our War Participation Committee under the watchful eye of Joe Hall has done itself honor. Busy practitioners have their private work to do. They give unstintingly of their time, without financial compensation. Indeed they walk in the way of patriotism.

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### WAR AMENDMENT NO. 1

Read at the April 20th meeting, an amendment to the By-Laws, known as War Amendment No. 1, has been offered, to be voted upon by the Society, June 15th.

The one purpose of this amendment is to make it reasonably possible to obtain a quorum and to carry on the business of the Society. The By-Laws, written for peace times, carefully guard the rights and interests of the Society, but are too cumbersome for times such as these, with part of our men away to war and those at home so loaded with work as to make attendance at Council meetings sometimes very difficult, often impossible.

This amendment expires when the emergency is ended, leaving the By-Laws exactly as they are now.

E. H. NAGEL, M. D.  
*President-Elect*

## Editorial ---

### Dr. Beams—Miss Merwin

The Society won again at our last meeting, April 20th. Both Dr. Beams and Miss Merwin made their points clearly and completely. Those who heard them may save their "Points,"—their own and, also, those of their patients! At least they will be better able to use their rationing much more effectively.

So practical was the address by Dr. Beams and the splendid demonstration by Miss Merwin as to call for our presenting them in the Bulletin this month. Keep this issue on your desk for convenient reference in prescribing diets.

Now, this not-very-merry month of May we carry on, with Dr. H. M. Marvin, Clinical Professor of Medicine, Yale University, as speaker. Dr. Marvin will speak on practical aspects of Heart Disease. No doubt about it, this speaker has the "goods." Come on and take advantage of this doctor's great experience.

### SECRETARY'S REPORT

The regular monthly Council meeting was held at the office of the Secretary on the 8th of the month. The regular monthly meeting was held on the 16th of the month.

Dr. A. J. Beams, Associate Professor of Clinical Medicine, School of Medicine, Western Reserve University was the speaker. Dr. Beams' subject was 'The Dietary Treatment of Certain Diseases and a practical demonstration was given by Miss Aileen Merwin, Instructor, School of Dietetics, Western Reserve University.

The following Amendment to the By-Laws was read:  
Chapter V, Section 9.

### War Amendment No. 1:

A majority of those present at any legal meeting of the Council of this Society shall have the power to transact all business that may come before the Council in accordance with the Constitution and By-Laws of the Society in force on this date. Five or more shall constitute a Quorum. All provisions of the Constitution and By-Laws in conflict herewith are hereby temporarily suspended until six months after the declaration of peace closes the present War, whereupon this Amendment shall expire and all provisions suspended by this Amendment shall be in full force and effect.

Under requirements for Amendments, Chapter VII, Section VI, the proposal comes up for vote at the June 15th meeting.

G. M. McKELVEY, M. D.

Secretary.

### Stark County May Meeting at Alliance, Ohio

Golf: 1:00 P. M. — Alliance Country Club.

Dinner: 6:30 P. M. — Alliance Elks Home—"The Buckingham Palace of Elksdom."

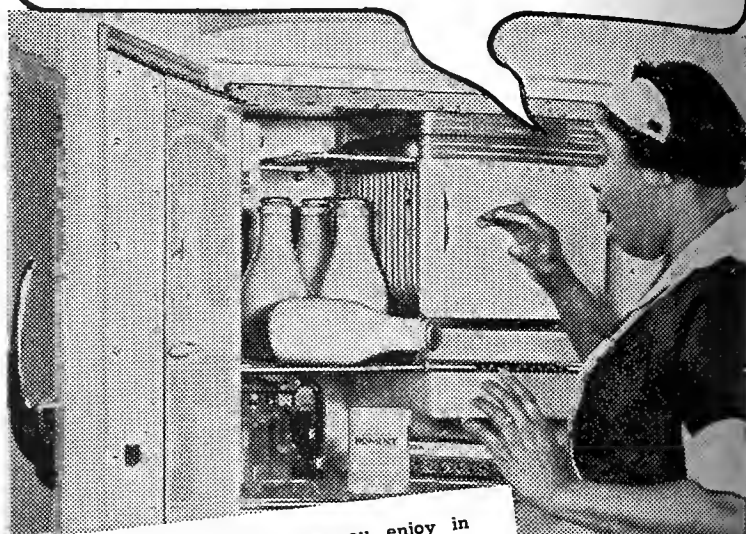
Speaker: Dr. Edward J. McCormick, Toledo, Ohio—Past President, Ohio State Medical Association. Subject, Medicine and the War.

Don't forget the date, May 26th.

All counties in the Sixth and Seventh Councilor Districts have been invited so this should be a great meeting.

Dinner is \$2.00 per plate and checks must accompany all reservations. None accepted after May 24th. Send reservations and checks to: R. L. Rutledge, M. D. Alliance, Ohio, Councilor, Sixth District.

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## DIETARY MEASURES EMPLOYED IN THE TREATMENT OF CERTAIN DISEASES

By A. J. BEAMS, M. D.

The importance of diet in the treatment of certain diseases is well recognized by the medical profession, however, the average physician has very little knowledge of practical dietetics. This may be explained partly by the failure of most medical schools to include dietetics in the curriculum. The training of the intern is neglected in this regard, also. Diets are frequently ordered for the patients without any knowledge of what foods or the amounts in the diet. Unless he happens to be particularly interested in diet, he may leave the hospital without any knowledge of practical dietetics.

The great advances which have been made in nutritional diseases in the past fifteen or twenty years now puts dietetics almost on a level with pharmacology. For example, it is just as important to give the correct amount of carbohydrates, proteins and fats to a patient who is receiving insulin as to prescribe the correct amount of digitalis. In the treatment of some of the deficiency diseases food alone may provide sufficient vitamins instead of the prescribing of expensive pills. Our failure to have more knowledge of these facts in regard to the vitamins is partly responsible for the vitamin racket which exists today. It has been made a cure-all; "when in doubt, prescribe vitamins."

The war has given rise to many nutritional problems which makes it imperative that the physician become better acquainted with these problems as they arise in his community. Now, that we have rationing; problems in regard to feeding of growing children, to the treatment of nutritional diseases where special diets are necessary, must be solved by the physician. He should know enough about foods so that he can make the proper recommendations to the ra-

tioning boards for the necessary foods.

Our discussion will be confined to the dietetic problems involved in the treatment of peptic ulcer, portal cirrhosis, diabetes and to the high and low calorie diets. We will attempt to explain the reasons for the selection of certain foods and the omission of others.

In the treatment of peptic ulcer it has been shown both experimentally and clinically that it is necessary to control the acidity if healing of the ulcer is to occur. Time does not permit me to give all the experimental evidence showing that this is true. No doubt many of you are acquainted with the work of Mann and Williamson where they produced experimental ulcers in dogs by various operations and caused healing of these ulcers when the acid was diverted from the ulcer. It is also a well known fact that a peptic ulcer occurs only where the acid comes in contact with the mucosa.

In addition to the secretory problem, the motility must be taken into consideration for hypertonicity and hypermotility of the stomach occurs in the majority of patients with active ulcer.

In view of these facts the ulcer diet should not include foods which cause the stimulation of acid secretion, irritating foods which tend to increase the tonicity or motility. The desirable foods are those which cause the least secretion of acid, combine with the acid and act in a physical manner in decreasing the secretion such as fats. Frequent feedings are indicated for the purpose of diluting the acid and combining with it. Finally, it is important that the diet provide sufficient calories and that it contain adequate minerals, vitamins and protein.

What are the foods that cause

the least secretion of acid? In the past few years I have tried to answer this question by studying the gastric secretion when certain foods were given. Similar studies have been made by a few workers a few years ago but they were not too well done. My study was made on a group of fifteen individuals. After fasting for twelve to sixteen hours, a duodenal tube was passed. A fasting specimen was taken and then some food was given and gastric samples were obtained every fifteen minutes for ninety minutes. Only one food was studied each day and the studies were usually a week apart. The foods which were investigated were milk, olive oil, albumin water, cereal, orange juice, cucumber juice, beef juice, tomato juice, sauer kraut, etc. Histamine test was done on each patient in order to compare the secretion produced by a food with a possible maximum secretion. The graph represents the average secretion of the fifteen individuals at fifteen minute periods. Olive oil caused the least secretion, albumin water and milk were in the lower group, while orange juice, beef juice, cucumber juice caused secretions almost equal to that of histamine.

From this study, fats appear to be the ideal food in producing the least secretion of acid. This is probably not caused entirely by their action in the stomach but by the stimulation of some mechanism in the duodenum which produces enterogastrone which not only inhibits the gastric secretion but also the motility.

This diet provides sufficient calories so that the individual may work. It contains adequate minerals and proteins. It is deficient in vitamin C which should be supplied by one of the synthetic preparations.

In most cases at the end of two months other foods may be added to this diet such as minced beef, chicken and lamb; bacon and orange juice. At the end of six months if the patient responds well to the diet, he

is placed on a fairly liberal diet. He should continue to avoid the foods which cause any irritation because of the physical characteristics and foods which are highly seasoned which tend to stimulate the acidity.

There are two complications of peptic ulcer, namely, hemorrhage and obstruction which require some modification of the diet just described.

The treatment of bleeding ulcer has received much prominence in the medical literature in the past eight years. This was precipitated by Meulengracht, who, in 1935 reported rather remarkable results. His treatment consisted of prompt feeding of foods such as meats, potato, pureed vegetables, tea, bread, and butter, and he gave them all the food they desired. His mortality rate was 2% compared to the usual 10%. Time does not permit me to discuss this treatment in detail but Meulengracht himself admits that the character of the foods he suggested is not the important thing but it is the prompt feeding. Most men who have made a critical study of this treatment find no change in the mortality rate but it has shortened the convalescence period.

We have found that an abstinence from food for 24 hours is preferable to prompt feeding after massive hemorrhage because of nausea and vomiting which are frequently present. The foods employed are essentially the same as already shown. The feedings should be smaller and more frequent.

In pyloric obstruction where edema and spasm appear to be the cause the diet should consist of those foods which are liquid and of high caloric value such as milk and cream, malted milk, egg-nogs, strained cereals, cream soups and gelatin.

The importance of dietary treatment of portal cirrhosis was recognized over 50 years ago but no good evidence was offered for it until recently. Some of the experimental work which has been reported in the



past few years suggests that diet may be an important factor in producing cirrhosis and suggests a new method of treatment which may produce a cure.

In order to understand the diet which has been proposed it is necessary to discuss briefly some of the experimental work. In 1937 Connor emphasized the importance of fat deposition in the liver as a possible contributory factor in the pathogenesis of cirrhosis. Best and Ridout found that a high fat, low protein choline poor diet when administered to rats produced extensive fat deposition in the liver. Graham T. Webster produced cirrhosis of the liver in rats by giving them a high fat low protein and choline diet. When the protein was increased the cirrhosis was prevented. When cystine was added to the diet the cirrhosis was more marked and choline prevented it. Gyorgy and Goldblatt observed that when young rats were kept on a diet devoid of vitamin B, but supplemented with thiamin, riboflavin and pyridoxine they showed evidence of hepatic injury. Rats fed on the same basal diet and supplemented with yeast or yeast extract did not show pathological changes in the liver. Many other workers have made similar observations as those described above. While the experimental production of cirrhosis of the liver by dietary means now is an accepted fact, the factors responsible are still a source of debate. However, the importance of a low fat and high protein diet with the addition of yeast has been well established in the treatment of cirrhosis.

Extensive studies by Palek and Post and by Fleming and Snell have shown in fairly large groups of patients encouraging results with the high protein, low fat diet. Fleming and Snell used a diet of 350 gms. of carbohydrates, 110 gms. of protein and 50 gms. of fat. The protein was chiefly vegetable origin. It was supplemented by various vitamin pre-

parations such as thiamin, liver extract and yeast. Patek and Post used a diet of protein 139, fat 75 and carbohydrates 365 gm. Fifty grams of powdered brewer's yeast daily were included in the diet. In addition to the yeast the patient received intramuscular injections of concentrated liver extract. We have treated a small group of patients with a diet of protein 120, fat 70 to 80, and carbohydrates 300 to 400 grams. This diet has been supplemented with 30 to 50 gms. of brewer's yeast a day. A large group of cases must be treated before any definite conclusions can be drawn but at present it looks very promising.

The choice of the proper diet for the diabetic is more important now than before the discovery of insulin. It is necessary to study the individual case in order to provide a diet having the most suitable proportion of carbohydrates, proteins and fats.

In my experience one of the first principles is to provide sufficient desirable food so that the patient will not be dissatisfied and will keep on his diet. The use of low carbohydrate diets over long periods frequently causes patients to become dissatisfied and discouraged. The longing for carbohydrates and the strong temptation to indulge—which is after all a normal appetite—frequently overcome their resistance and cause them to partake of forbidden articles. Much of this difficulty is obviated by a more liberal diet. The desire for highly sweetened foods is apparently not so great if a larger amount of starchy food is allowed. A metabolic mechanism unable to cope with sudden demands of rapid sugar absorption may be able to utilize well a fairly high starch diet which requires considerable time for digestion and absorption. It is often preferable to increase the carbohydrate in the diet, even though this means an increased dosage of insulin to keep the patient satisfied.

(Continued on Page 113)



# Honor Roll



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 Capt. Joseph Sofranec, 0489202, 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.

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Eleanor Cassidy	*Mary Klaser (Deceased)	Mary Ribich
Hilda Cherasin	Mary Lubonovic	Teresa Schlecht
Miss Crogan	Clara McNeish	Rose Vartucci
Ann Dorsey	Theresa Magyar	Irene Vassey
Catherine Doyle	Josephine Malito	Ethel Yavorsky
Virginia Frame	Margaret Meletic	Helen Zamary
Ann Hassage	Shirley O'Hara	Helen Zerovich
Margaret M. Hogan	Alma Pepper	Mary Ziroff
	Catherine Pietra	

\* Nurse Mary Klaser passed away July 15th at Billings Hospital in Fort Benjamin Harrison, Indiana.

# Honor Roll



## Youngstown Hospital Nurses

Ellen Andre  
Ethel Baksa  
Dorothy Barner  
Mary Berkowitz  
Suzanne Boehm  
Stella Book  
Betty Boyer  
Florence Brooks  
Miss Dorothy Buckles  
Ruth Burrage  
Victoria Dastoli  
Margaret Davis  
Dorothy Dibble  
Miss Nellie Duignan  
Margaret Fajak  
Ruth Friedman  
Sally Friedman  
Ethel Gonda  
Elizabeth Heaslip  
Mary Ann Herzick  
Rosemary Hogan

Frances Bulla Holden  
Mary Hovanec  
Elizabeth Hudock  
Irene Janceski  
Agnes Keane  
Katherine Keshock  
Eugenia Kish  
Lois Knopp  
Irma Kreuzweiser  
Marietta Leidy  
Vivian Lewis  
Olive Long  
Ruby Lundquist  
Jeannette McQuiston  
Frances Moyer  
Helen Ornin  
Dorothy Oswald  
Anglynn Paulchell  
Edna May Ramsey  
Lucille Reapsummer  
Mary Resti

Ruth Rider  
Rose Rufener  
M. Schnurrenberger  
Ruth Simmons  
Mary Louise Smith  
Mary Stanko  
Donna Stavich  
Stella Sulak  
Mary Taddei  
Freda Theil  
Ursula Thomas  
Rebecca Ulansky  
Anna Vanusek  
Madaline Vranichich  
Agnes Welsh  
Eleanor Whan  
Edna Williams  
Mildred Yocum  
Jennie Zhuck

## Dentists from Private Practice

- Lt. Stanley R. Abrams, Great Lakes Naval Training Station, Illinois.  
Lt. Gilbert R. Backus, Post Dispensary, Marine Base, Quarglico, Va.  
1st. Lt. Morgan W. Baker, A.A.F., Kellog Air Base, 7th Service Group, Battle Creek, Michigan.  
1st Lt. Victor P. Balmenti, 893 Tank Destroyer, Battalion B. N., Camp Hood, Texas.  
1st. Lt. Thos. L. Blair, D. C., Columbia University, New York City.  
1st Lt. Fred E. Elder, D. C., Dental Clinic, Camp Wheeler, Georgia.  
1st Lt. A. E. Frank, Recruiting & Induction Station, Kalamazoo, Michigan.  
1st Lt. William T. James, D. C., Air Technical School, Station Hospital, Madison, Wisconsin.  
Lt. Comm. H. E. Kerr, U. S. Naval Hospital, Corona, California.  
1st Lt. W. J. McCarthy, D. C., Station Hospital, Camp Bowie, Texas.  
Capt. J. L. Maxwell, D. C., Station Hospital, Fort Knox, Ky.  
1st Lt. W. V. Moyer, D. C., Station Hospital, Fort Benjamin Harrison, Ind.  
1st Lt. W. S. Port, D. C., Station Hospital, Aberdeen Proving Grounds, Aberdeen, Maryland.  
Lt. Robert W. Price, Station Hosp., Aberdeen Prov. Grounds, Aberdeen, Md.  
1st Lt. Earl W. Reed, D. C., Station Hospital, Camp Joseph T. Robinson, Little Rock, Arkansas.  
1st Lt. P. P. Ross, D. C., Station Hospital, Camp Gruber, Oklahoma.  
Capt. W. R. Salinsky, D. C. (Residence) 1221 Arlington St., Gainesville, Florida.  
Lt. Paul W. Sutor, D. C., U.S.N., U.S.S. Indiana, Postmaster, N. Y. City.  
1st Lt. D. J. Welsh, D. C., 332 Air Base, G. P. Base Hospital, Gowen Field, Idaho.

We are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin. We hope to receive many letters from our men each month. We would welcome letters from our nurses, too.

CLAUDE B. NORRIS, Editor

Phone 37418

## This Month

The Mahoning County Medical Society proudly presents:

### DR. H. M. MARVIN

Associate Clinical Professor of Medicine at Yale University and Executive Secretary of the American Heart Association

**Subject, "SOME PRACTICAL ASPECTS OF  
DIAGNOSIS AND TREATMENT IN  
HEART DISEASE."**

Dr. Marvin graduated from the Harvard Medical School, interned at the Peter Bent Brigham Hospital (Boston), spent a year in medical relief work in Russian Armenia, spent one year with Dr. Paul D. White at the Mass. General Hospital doing special work in heart disease, then went to New Haven, where he has been ever since. One year (1926-27) was spent as a Guggenheim Fellow working with Sir Thomas Lewis, University College Hospital, London, England, in the field of cardiovascular disease. For the past ten years, he has been the Acting Executive Secretary of the American Heart Association, and for about the same length of time on the Editorial Board of the American Heart Journal. He is Consulting Cardiologist at the Meriden Hospital and the Danbury Hospital (Meriden, Conn., and Danbury, Conn.). He is a member of the Hygiene Reference Board of the Life Extension Examiners.

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### MEDICAL OFFICERS INVITED

Our Society has extended a cordial invitation to Col. E. E. Alling, Commander of the Station Hospital of the Replacement Center, at Transfer, Pennsylvania, together with his medical staff and all other medical officers who may be there in camp, awaiting assignment, to be our guests for this meeting.

Our Society and each of us will be honored to have these compatriots with us. Every member eagerly anticipates this opportunity to bid them welcome.

**NOTE—Meeting as usual—**

**YOUNGSTOWN CLUB—8:30 P. M.**

**Tuesday, May 18th**

An outstanding meeting—Let's give our distinguished speaker and honor guests a big turn-out!

## Dietary Measures Employed in Treatment of Certain Diseases

(Continued from Page 107)

In choosing a diet for the diabetic patient, it is well first to determine the caloric requirement. This will vary according to the physical state of the patient. If over-weight a sub-maintenance diet will be required. Under-weight one giving more than maintenance should be selected. A safe maintenance rule for the patient engaged in light physical activity is to allow 30 calories per kilogram of ideal body weight.

Having determined the caloric requirement an adequate protein requirement should be calculated. Again it is preferable to calculate for the ideal rather than the actual weight. A safe protein allowance to maintain nitrogen equilibrium and prevent tissue waste is 1 gram of protein per kilogram. The caloric value of the protein should be subtracted from the total calories of the diet and the balance of the calories made up by fats and carbohydrates. Here more leeway is permissible and one can not be too dogmatic. As already suggested the higher carbohydrate diet is more desirable. Sanborn first called attention to the favorable results obtained from such a diet. Briefly they are as follows:

(1) Increased carbohydrate tolerance, (2) Disappearance of abnormal amounts of acetone bodies from the blood stream, (3) Restoration of physical fitness as evidenced by increased mental and physical alertness and vigor, and (4) Greater contentment and satisfaction with the diet.

Every diet prescribed for continued administration should be carefully surveyed for adequacy of vitamins and minerals. In the diabetic diet the greatest danger of inadequacy is in the B complex. Vitamin A can be stored in the body for use over long periods. C is abundant in fruits and fruit juices generally employed while it is likewise readily available.

In conclusion I want to point out that we physicians have a much greater responsibility in regard to the nutritional problems today than we realize. It is our job to cleanse our present food and nutrition education of all fads, of all selfish commercial and myopic political propaganda. In the field of human nutrition the method of science is the only path forward.

The 3 tables following are included as practical guides:

TABLE I

Market Order for a Week to Provide Food for a Diabetic Diet of Pro-70 gms. Fat-100 gms. Carb-150 gms.

<i>Vegetables</i>			
Cauliflower	1 hd.	3	serv.
Lettuce	1 hd.	4	"
Spinach	1 lb.	2	"
Green Beans	1 lb.	4	"
Broccoli	1 lb.	2	"
Celery	1 bn.	5	"
Fresh Tomatoes	1 lb.	4	"
Carrots	1 bn.	4	"
Green Peas	2 lb.	4	"
Squash	2 lb.	3	"
Beets	1 bn.	3	"
Celery Cabbage	1 lb.	4	"
Total 28 servings 5% vegetable			
14 servings 10% vegetable			

<i>Fruits</i>			
Oranges	½ doz.	6	"
Apples	2 lb.	7	"
Grapefruit	2 no.	4	"
Pears or other			
fruit in season	1 lb.	4	"
Total 21 servings			

<i>Cereals</i>			
Bread	¾ of 1 lb.	1	loaf
Oatmeal	1/3	1	lb.
Graham Crackers	1/8	1	lb.

<i>Dairy Products</i>			
Milk	4 ¾	1	qt.
18% Cream	1	1	pt.
Butter	1/2	1	lb.
Butter Substitute	1/2	1	lb.
Eggs	1	1	doz.
Cheese, Cottage	1	1	lb.
Cheese, American	1/4	1	lb.

<i>Lean Meats</i>			
Liver	}	2 lb.	
Fish			
Fowl			
Beef, Lamb, Pork			

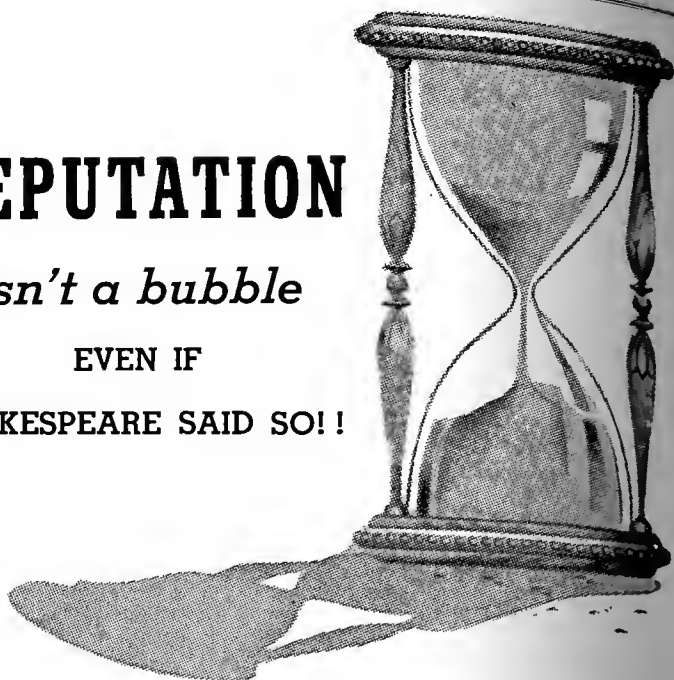
<i>Miscellaneous</i>			
Coffee	1/5	1	lb.
Planned for a liberal food budget.			
Cost per week: approximately \$5.75			
per week at March prices.			

# REPUTATION

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## A GOOD Reputation

### Must Withstand the Test of TIME

This month marks the anniversary of The Medical-Dental Bureau—the ninth anniversary. Nine years of service to the medical and dental professions of Mahoning County.

In 1934 this organization was incorporated as an experiment in co-operation. In 1943 it is a proven success and a valuable aid to its many members in medicine and dentistry.

Membership is both a privilege and an obligation.

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J. L. PRICE

Executive Director

(Watch for the Announcement of our Annual Meeting).



TABLE II

Order Including A Large Portion  
of Fruits and Vegetables as Canned  
Varieties or Frozen

		Serv.	Pts.
Vegetables			
Cauliflower	1 hd.	3	0
Lettuce	1 hd.	4	0
Frozen Spinach	1 pg.	4	10
Cn. Green Beans	1 cn.	4	14
Frozen Broccoli	1/2 pg.	2	5
Celery	1 bn.	5	0
Cn. Tomatoes	1 cn.	4	16
Carrots	1 bn.	4	0
Cn. Peas	1 cn.	4	16
Cn. Beets	1 cn.	4	10
Frozen Squash	1/2 pg.	2	3
Onions	1/4 lb.	1	0
Fruits			
Oranges	1/2 doz.	6	0
Grapefruit	1 no.	2	0
Cellu Peaches	1 cn.	4	14
Cellu Pears	1/2 cn.	2	7
Cellu Strawberries	1 cn.	4	10
Apples	1 lb.	3	0
Total per week		105	pts.

TABLE III

## Point Values

All fresh fruits and vegetables have been used. Therefore there are no processed food points in this market order.

The following meat, cheese, and fat points have been used:

Butter	4	pts.
Margarine	2.5	pts.
Am. Cheese	2	pts.
Lean Meat	11.2	pts.
Total	19.7	pts.

Lean Meat used—1/5 lb. ground beef,  
1/5 lb. calf liver, 3/4 lb. rib roast,  
1/5 lb. ham, 1/6 lb. sweetbreads,  
and 1/4 lb. fish.

This would mean a recommendation  
for an increase of 4 points per week  
or 18 points per month

April point values have been used for  
the above calculations.

## FROM OUR DOCTORS IN THE SERVICE

March 18, 1943

Dear Miss Herald:

As yet I have not received the February issue of the Bulletin. It may be because of my change of address. My new address is 532 Rgt. Med. Det., A.P.O. 774 c/o Postmaster, San Francisco, Cal. I hope the Bulletin catches up with me. I always enjoy the news from Mahoning County. Mrs. DeCicco wrote me that she appreciated the copy you sent me.

On March 14th I received a letter from the War Department promoting me to the grade of Captain, effective February 6th. At that time I was somewhere on the Pacific Ocean.

At present I am in the land of kangaroos but I can't tell you much more about myself. Recently I went on a two day hike through the jungles and it was quite interesting. I am getting to be quite a hiker.

Capt. G. E. DeCicco.

\*

April 3rd, 1943

Dear Miss Herald:

Please change my address for sending the Mahoning County Medical Society Bulletin" to: Capt. George L. Armbrrecht, M. C., 0-357508, Clr. Co. 4th Med. Bn., 4th Div. U. S. Army, A.P.O. Fort Dix, New Jersey.

It is a long one but apparently necessary according to the Army. Thank

Capt. George L. Armbrrecht.

April 8th, 1943

Dear Miss Herald:

Just a line to let you know that I have a change of address, because I don't want to miss out on getting the Bulletin. Our unit has been changed from the 10th Hospital Center to the 313th Station Hospital. We are still to stay at Camp Rucker for awhile at least. I intended to call you when I was home April 1st, but I only had 7 days to travel 2000 miles, and that was one of the many things I didn't get done.

I surely enjoy the Bulletin. It gives a fellow an idea on where the rest of the men are stationed. Thanks for sending it.

Capt. C. W. Sears.

\*

April 16th, 1943

Dear Dr. Bunn:

I have been following the activities by reading the Bulletin and I do read it. All the fellows here remark about the good work of the Society.

I have not seen a doctor from that section since coming into the navy. I did, however, eat dinner with a Commander and a Lieutenant (C.E.C.) who knew Jimmie Fisher at Camp Perry. I was interested in Jimmie's letter in the Bulletin. He said he was the only one from that section in the Sea Bees—Well I have a regiment now. I have been Regimental Surgeon with the 4th since it was formed. I am getting my Regimental Hospital in operation now. My work now is administrative and there is plenty of it to do.

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Dr. Evans seems to be enjoying his work and I was glad to hear that he had received his three full stripes. You fellows at home are evidently carrying out a lot of work. I don't see how many more of you fellows can be spared. I wish I could tell you about

this part of the world, but the boss says no! No pictures either.

Would you please change my mailing address for the Bulletin?

Hope you are enjoying good health.

Lt. Comm. E. W. List.

## SINCE LAST MONTH—

Dr. W. M. Skipp discussed socialization of medicine at a meeting of the Mahoning Valley Accident and Health Association, April 12th.

Earl Evans Brant, son of Dr. and Mrs. A. E. Brant, and Miss Catherine Marie Schatz were married March 20th at the Pilgrim Congregational Church, Dorchester, Mass. Mr. Brant and his bride will make their home in Philadelphia while the summer is completing his studies at Jefferson Medical College.

Dr. and Mrs. A. M. Rosenblum and Mrs. B. I. Firestone spent a 10 day vacation in New York City recently.

Dr. and Mrs. G. M. McKelvey and Mr. and Mrs. C. G. Nichols spent a week at Hot Springs, Virginia.

Dr. A. C. Marinelli was promoted recently to the rank of Major and is stationed at New Orleans, La., Staging Area.

Dr. Barclay Brandmiller was recently promoted to Captain and is stationed at Camp Gordon, Johnstown, Fla.

Dr. and Mrs. A. E. Brant spent a week in New York after attending the wedding of their son, Earl Evans Brant, and Miss Catherine Schatz.

Capt. Morris Rosenblum has completed a three-month course in clinical pathology at Columbia University and has returned to Robbins Field, Macon, Ga.

Dr. G. E. DeCicco has been promoted from 1st Lieut. to Captain in the U. S. Army Medical Corps, which became effective February 1st. Dr. DeCicco was on the high seas at the time of the appointment

and did not know about until March 14th. He is somewhere in Australia.

Dr. M. M. Kendall has been promoted from 1st Lieut. to Captain and is stationed at Greenville, S. C.

Dr. and Mrs. F. W. McNamara spent a 10 day vacation in the East.

Capt. Sears spent a 10 day furlough in Youngstown and has returned with Mrs. Sears and their two children to Camp Rucker.

Effective several months ago, Lieut. J. A. Rogers was promoted to Captain. Capt. Rogers is chief of Medicine at a 900 bed hospital at Camp Sutton, Monroe, N. C.

Mrs. Herman A. Kling has gone to Ann Arbor, Mich., to join Capt. Kling who was recently sent to University of Michigan Medical College by the army medical department for a special course in thoracic surgery.

## AUXILIARY DOINGS

As reported by Mrs. P. J. Fuzy

The Women's Auxiliary to the Mahoning County Medical Society, met Monday, April 19th, for luncheon at the Youngstown Club.

Dr. George McKelvey was the speaker, his subject: "New Things in Medicine and Surgery." Mrs. F. F. Piercy, President and Mrs. R. B. Poling, gave reports of the State Convention.

The Auxiliary voted to take charge of Sunday refreshments at the U. S. O. The next meeting will be a Benefit Bridge in charge of Mrs. G. M. McKelvey and Mrs. J. N. McCann, at Women's City Club on Monday, May 17th. It will be a dessert luncheon at one o'clock with all proceeds to be given to U. S. O.

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